

# ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118

(314) 353-5838 (314) 353-3691 FAX

Receipt Number: R10-009355

Receipt Date: 01 /12/10

Person Information: SEAN HOFFMAN

PID: P012027

ST LOUIS, MO 63116

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

| Item:      | Animal ID: | Reference No: | Price: | Each: | Amount: |
|------------|------------|---------------|--------|-------|---------|
| LICENSE SN | A016629    | L10-73944     | \$4.00 | 1     | \$4.00  |
| LICENSE SN | A030546    | L10-73943     | 4.00   | 1     | 4.00    |
| LICENSE SN | A030547    | L10-73945     | 4.00   | 1     | 4.00    |
| LICENSE SN | A030548    | L10-73946     | 4.00   | 1     | 4.00    |
| LICENSE SN | A030549    | L10-73947     | 4.00   | 1     | 4.00    |
| LICENSE SN | A030550    | L10-73948     | 4.00   | 1     | 4.00    |

Total Fees Due: **\$24.00**

Payments: Cash: \$24.00  
Check: \$0.00  
Credit Card: \$0.00

Total Payments Received: **\$24.00**

**Thank You!**

Change: \$0.00  
Balance Due: \$0.00

## Animal Information:

A016629 KIRRA - 10 MONTHS OF AGE, SPAYED, ROTTWEILER/MIX, BLACK AND BROWN DOG  
A030546 AMBER - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, TAN DOG  
A030547 RUGGER - 2 YEARS 6 MONTHS OF AGE, NEUTERED, ROTTWEILER/MIX, BLACK AND TAN DOG  
A030548 JACK - 2 YEARS 6 MONTHS OF AGE, NEUTERED, BOXER/MIX, BROWN DOG  
A030549 JASMINE - 3 YEARS OF AGE, SPAYED, DOMESTIC SH, ORG TABBY AND WHITE CAT  
A030550 LACY - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, GOLD DOG

## License Information:

| Tag Number: | Expires: | Animal# | Vacc Date: | Term: | Expires: | Amount: | Type:  |
|-------------|----------|---------|------------|-------|----------|---------|--------|
| L10-73943   | 08/06/10 | A030546 | 08/06/09   | 12    | 08/06/10 | \$4.00  | LIC SN |
| L10-73944   | 06/11/10 | A016629 | 06/11/09   | 12    | 06/11/10 | \$4.00  | LIC SN |
| L10-73945   | 06/11/09 | A030547 | 06/11/06   | 12    | 06/11/10 | \$4.00  | LIC SN |
| L10-73946   | 06/11/09 | A030548 | 06/11/06   | 12    | 06/11/10 | \$4.00  | LIC SN |
| L10-73947   | 06/11/09 | A030549 | 06/11/06   | 12    | 06/11/10 | \$4.00  | LIC SN |
| L10-73948   | 08/06/09 | A030550 | 08/06/09   | 12    | 08/06/10 | \$4.00  | LIC SN |

TOTAL LICENSE FEES: **\$24.00**

## Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM\* Saturday 9:00AM - 4:00PM\*

\*Shelters CLOSED Sundays and Holidays

Clerk: EVANS SHELTER

Transaction Date: 01/12/10

Print Date: 01/12/10 ware\chameleon\crystal\receipt2.rpt

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.Animal's Name: Amber Specific Breed Lab mixColor: amber Age 1 1/2 yrs Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ NOwner's Name: Hoffmann Sean/Kristin  
(LAST) (FIRST) (MIDDLE)Address: 3945 Winnebago St.Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73943

DATE OF VAC/REGISTRATION

8/6/09

VACCINE MANUFACTURER &amp; LOT NO.

CLINIC IDENTIFICATION

Fort Rucker Vet Clinic

TYPE OF VACCINE

☐ 1 YEAR ☒ 3 YEAR

REGISTRATION FEE:

\$ 4.00

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.Animal's Name: Jack Specific Breed Boxer mixColor: brown Age 2 1/2 yrs. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☒ NOwner's Name: Hoffmann Sean/Kristin  
(LAST) (FIRST) (MIDDLE)Address: 3945 WinnebagoTelephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73946

DATE OF VAC/REGISTRATION

6/11/09

VACCINE MANUFACTURER &amp; LOT NO.

CLINIC IDENTIFICATION

Fort Rucker vet clinic

TYPE OF VACCINE

☒ 1 YEAR ☐ 3 YEAR

REGISTRATION FEE:

\$ 4.00

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.Animal's Name: Jasmine Specific Breed DSHColor: tabby & white Age 3 yrs Size: ☐ S ☐ M ☐ L ☐ XL Sex: ☐ M ☒ F ☐ S ☒ NOwner's Name: Hoffmann Sean/Kristin  
(LAST) (FIRST) (MIDDLE)Address: 3945 Winnebago St.Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73947

DATE OF VAC/REGISTRATION

6/11/09

VACCINE MANUFACTURER &amp; LOT NO.

CLINIC IDENTIFICATION

Fort Rucker vet clinic

TYPE OF VACCINE

☒ 1 YEAR ☐ 3 YEAR

REGISTRATION FEE:

\$ 4.00

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Kirra Specific Breed Rottweiler mix  
 Color: blk/ tan Age 3 yrs Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N  
 Owner's Name: Hoffmann Sean / Kristin  
 (LAST) (FIRST) (MIDDLE)  
 Address: 3945 Winnebago St.  
 Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

|  |   |   |   |   |  |  |  |
|--|---|---|---|---|--|--|--|
| VACCINATION / REGISTRATION NO.   |   |   |   |   |  |  |  |
| 7  | 3 | 9 | 4 | 4 |  |  |  |
| DATE OF VAC/REGISTRATION   |   |   |   |   |  |  |  |
| 6/11/09  |   |   |   |   |  |  |  |
| VACCINE MANUFACTURER & LOT NO.   |   |   |   |   |  |  |  |
| CLINIC IDENTIFICATION  |   |   |   |   |  |  |  |
| Fort Rucker Vet Clinic   |   |   |   |   |  |  |  |
| TYPE OF VACCINE  |   |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |   |   |   |   |  |  |  |
| REGISTRATION FEE:  |   |   |   |   |  |  |  |
| \$ 4.00  |   |   |   |   |  |  |  |

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Lacy Specific Breed Lab mix  
 Color: golden Age 1 1/2 yrs. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N  
 Owner's Name: Hoffmann Sean / Kristin  
 (LAST) (FIRST) (MIDDLE)  
 Address: 3945 Winnebago St.  
 Telephone: 314-632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

|  |   |   |   |   |  |  |  |
|--|---|---|---|---|--|--|--|
| VACCINATION / REGISTRATION NO.   |   |   |   |   |  |  |  |
| 7  | 3 | 9 | 4 | 8 |  |  |  |
| DATE OF VAC/REGISTRATION   |   |   |   |   |  |  |  |
| 8/6/09   |   |   |   |   |  |  |  |
| VACCINE MANUFACTURER & LOT NO.   |   |   |   |   |  |  |  |
| CLINIC IDENTIFICATION  |   |   |   |   |  |  |  |
| Fort Rucker Vet Clinic   |   |   |   |   |  |  |  |
| TYPE OF VACCINE  |   |   |   |   |  |  |  |
| <input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR |   |   |   |   |  |  |  |
| REGISTRATION FEE:  |   |   |   |   |  |  |  |
| \$ 4.00  |   |   |   |   |  |  |  |

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Rugger Specific Breed Rottweiler mix  
 Color: blk/ tan Age 2 1/2 yrs. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N  
 Owner's Name: Hoffmann Sean / Kristin  
 (LAST) (FIRST) (MIDDLE)  
 Address: 3945 Winnebago St.  
 Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

|  |   |   |   |   |  |  |  |
|--|---|---|---|---|--|--|--|
| VACCINATION / REGISTRATION NO.   |   |   |   |   |  |  |  |
| 7  | 3 | 9 | 4 | 5 |  |  |  |
| DATE OF VAC/REGISTRATION   |   |   |   |   |  |  |  |
| 6/11/09  |   |   |   |   |  |  |  |
| VACCINE MANUFACTURER & LOT NO.   |   |   |   |   |  |  |  |
| CLINIC IDENTIFICATION  |   |   |   |   |  |  |  |
| Fort Rucker Vet Clinic   |   |   |   |   |  |  |  |
| TYPE OF VACCINE  |   |   |   |   |  |  |  |
| <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |   |   |   |   |  |  |  |
| REGISTRATION FEE:  |   |   |   |   |  |  |  |
| \$ 4.00  |   |   |   |   |  |  |  |

# Chippewa Animal Hospital

Page 1 / 2

3850 Chippewa Street  
St. Louis, MO 63116  
(314) 772-0292

Kristin/Sean Hoffmann  
3945 Winnebago  
St. Louis City, MO 63116

Client ID: 17147  
Invoice #: 202097  
Date: 7/23/2010

Patient ID: 3943  
Patient Name: Jazzmin  
Species: Feline  
Breed: Domestic Shorthair

Weight:  
Birthday: 01/14/2008  
Sex: Spayed Female

|                   | Description                  | Staff Name            | Quantity | Total    |
|-------------------|------------------------------|-----------------------|----------|----------|
| 7/23/2010         | FVRCP Booster                | Steve T. Pendino, DVM | 1.00     | \$12.11  |
|                   | Feline Leukemia Booster      |                       | 1.00     | \$21.31  |
|                   | Rabies Feline 3 Year Booster |                       | 1.00     | \$33.37  |
|                   | Rabies Certificate           |                       | 1.00     | \$5.95   |
|                   | Wellness Exam w/ Vacc & OC   |                       | 1.00     | \$27.67  |
|                   | Hazardous Waste Disposal     |                       | 1.00     | \$3.79   |
|                   | Revolution 5-15 Lbs Feline   |                       | 1.00     | \$79.00  |
| Patient Subtotal: |                              |                       |          | \$183.20 |

## Reminder

07/23/2011 Feline Leukemia Booster  
FVRCP Booster  
07/23/2013 Rabies Feline 3 Year Booster

*Jazzmin*

Patient ID: 3941  
Patient Name: Kirra  
Species: Canine  
Breed: Rottweiler, Mix

Weight:  
Birthday: 01/14/2008  
Sex: Spayed Female

|                   | Description                      | Staff Name            | Quantity | Total   |
|-------------------|----------------------------------|-----------------------|----------|---------|
| 7/23/2010         | Heartgard Plus 51-100 lbs 1 year | Steve T. Pendino, DVM | 1.00     | \$82.21 |
| Patient Subtotal: |                                  |                       |          | \$82.21 |

## Reminder

06/11/2010 DHPP Booster (Adult)  
Rabies Canine 1 Year Booster  
Tracheobronchitis Vaccination

*Kirra*  
*Ruggers*  
*Jack*

CHIPPEWA ANIMAL HOSPITAL  
3850 CHIPPEWA  
SAINT LOUIS MO 63116  
314-772-0292

Merchant ID: 00000213710  
Term ID: 0039566 Ref #: 0008

Sale

\*\*\*\*\*0016

HASTERCARD Entry Method: Suiped

Total: \$ 330.94

07/23/10 11:30:49

Inv #: 000008 Appr Code: 706342

Apprvd: Online Batch#: 000843

Customer Copy

We are proud to announce that we now have a website. Please visit us at  
[www.chippewaanimalhospital.vetsuite.com](http://www.chippewaanimalhospital.vetsuite.com). To participate in our Pet Portals program  
please provide us with an updated email address.

## RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Qazzina Specific Breed ASH pitbull  
Color: Red Age 2 1/2 Size: ☐ S ☐ M ☐ L ☐ XL Sex: ☐ M ☐ F ☐ S ☐ N  
Owner's Name: Holman, Kristin  
(LAST) (FIRST) (MIDDLE)  
Address: 3945 Delmar Ave  
Telephone: 634-20508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurko, D.V.M.  
Signature of Health Officer or Agent

Kristin L. Holman  
Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| VACCINATION / REGISTRATION NO.   |  |  |  |  |  |
|  |  |  |  |  |  |
| DATE OF VAC/REGISTRATION   |  |  |  |  |  |
| 7/8/10   |  |  |  |  |  |
| VACCINE MANUFACTURER & LOT NO.   |  |  |  |  |  |
| Hesvac   |  |  |  |  |  |
| CLINIC IDENTIFICATION  |  |  |  |  |  |
| Cheppewa Animal Hosp.  |  |  |  |  |  |
| TYPE OF VACCINE  |  |  |  |  |  |
| <input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR |  |  |  |  |  |
| REGISTRATION FEE:  |  |  |  |  |  |
| \$ <u>5.00</u>   |  |  |  |  |  |

**Chippewa Animal Hospital**

3850 Chippewa Street  
 St. Louis, MO 63116  
 (314) 772-0292

Page 1 / 2

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 203723

Date: 9/16/2010

Patient ID: 3941  
 Patient Name: Kirra  
 Species: Canine  
 Breed: Rottweiler, Mix

Weight:  
 Birthday: 01/14/2008  
 Sex: Spayed Female

|                          | <u>Description</u>                      | <u>Staff Name</u>   | <u>Quantity</u> | <u>Total</u>    |
|--------------------------|---|---------------------|-----------------|-----------------|
| 9/16/2010                | Tracheobronchitis Vaccination           | Bruce H. Kurka, DVM | 1.00            | \$19.46         |
|                          | Rabies Canine 3 Year Booster            |                     | 1.00            | \$33.37         |
|                          | Rabies Certificate                      |                     | 1.00            | \$5.95          |
|                          | Wellness Exam w/ Vacc & OC              |                     | 1.00            | \$27.67         |
|                          | Hazardous Waste Disposal                |                     | 1.00            | \$3.79          |
|                          | Heartworm Lyme Ehrlichia & Anaplas Test |                     | 1.00            | \$41.09         |
| <b>Patient Subtotal:</b> |   |                     |                 | <b>\$131.33</b> |

Reminder

06/11/2010 DHPP Booster (Adult)  
 09/16/2011 Tracheobronchitis Vaccination  
 Heartworm Lyme Ehrlichia & Anaplas Test  
 09/16/2013 Rabies Canine 3 Year Booster

Patient ID: 3942  
 Patient Name: Rugger  
 Species: Canine  
 Breed: Rottweiler, Mix

Weight:  
 Birthday: 01/14/2008  
 Sex: Neutered Male

|                          | <u>Description</u>                      | <u>Staff Name</u>   | <u>Quantity</u> | <u>Total</u>    |
|--------------------------|---|---------------------|-----------------|-----------------|
| 9/16/2010                | Tracheobronchitis Vaccination           | Bruce H. Kurka, DVM | 1.00            | \$19.46         |
|                          | Rabies Canine 3 Year Booster            |                     | 1.00            | \$33.37         |
|                          | Rabies Certificate                      |                     | 1.00            | \$5.95          |
|                          | Wellness Exam w/ Vacc & OC              |                     | 1.00            | \$27.67         |
|                          | Hazardous Waste Disposal                |                     | 1.00            | \$3.79          |
|                          | Heartworm Lyme Ehrlichia & Anaplas Test |                     | 1.00            | \$41.09         |
| <b>Patient Subtotal:</b> |   |                     |                 | <b>\$131.33</b> |

Reminder

06/11/2010 DHPP Booster (Adult)  
 09/16/2011 Tracheobronchitis Vaccination  
 Heartworm Lyme Ehrlichia & Anaplas Test  
 09/16/2013 Rabies Canine 3 Year Booster

We are proud to announce that we now have a website. Please visit us at  
[www.chippewaanimalhospital.vetsuite.com](http://www.chippewaanimalhospital.vetsuite.com). To participate in our Pet Portals program  
 please provide us with an updated email address.

**Chippewa Animal Hospital**

3850 Chippewa Street  
 St. Louis, MO 63116  
 (314) 772-0292

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Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147

Invoice #: 203723

Date: 9/16/2010

Patient ID: 3944  
 Patient Name: Jack  
 Species: Canine  
 Breed: Pitbull Mix

Weight:  
 Birthday: 01/14/2008  
 Sex: Male

|                          | <u>Description</u>                      | <u>Staff Name</u>   | <u>Quantity</u> | <u>Total</u>    |
|--------------------------|---|---------------------|-----------------|-----------------|
| 9/16/2010                | Tracheobronchitis Vaccination           | Bruce H. Kurka, DVM | 1.00            | \$19.46         |
|                          | Rabies Canine 3 Year Booster            |                     | 1.00            | \$33.37         |
|                          | Rabies Certificate                      |                     | 1.00            | \$5.95          |
|                          | Wellness Exam w/ Vacc & OC              |                     | 1.00            | \$27.67         |
|                          | Hazardous Waste Disposal                |                     | 1.00            | \$3.79          |
|                          | Heartworm Lyme Ehrlichia & Anaplas Test |                     | 1.00            | \$41.09         |
| <b>Patient Subtotal:</b> |   |                     |                 | <b>\$131.33</b> |

Reminder

06/11/2010 DHPP Booster (Adult)  
 09/16/2011 Tracheobronchitis Vaccination  
 Heartworm Lyme Ehrlichia & Anaplas Test  
 09/16/2013 Rabies Canine 3 Year Booster

CHIPPEWA ANIMAL HOSPITAL  
 3850 CHIPPEWA  
 SAINT LOUIS MO 63116  
 314-772-0292

Merchant ID: 000002713710  
 Term ID: 00339565 Ref #: 0011

Sale

\*\*\*\*\*8816

MASTERCARD Entry Method: Swiped

Total: \$ 393.99

09/16/10 18:12:05

Inv #: 000011 Appr Code: 780546

Apprvd: Online Batch#: 000889

Customer Copy

Invoice Total: **\$393.99**Total: **\$393.99**Balance Due: **\$393.99**Previous Balance: **\$0.00**Balance Due: **\$393.99**Master Card: **(\$393.99)**Less Payment: **(\$393.99)****Balance Due: \$0.00**

We are proud to announce that we now have a website. Please visit us at  
[www.chippewaanimalhospital.vetsuite.com](http://www.chippewaanimalhospital.vetsuite.com). To participate in our Pet Portals program  
 please provide us with an updated email address.

Chippewa Animal Hospital  
3850 Chippewa Street  
St. Louis, MO 63116  
(314) 772-0292

### Rabies Certificate

Client ID: 17147  
Client Name: Kristin/Sean Hoffmann  
Address: [REDACTED]  
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3941  
Patient Name: Kirra  
Species: Canine  
Breed: Rottweiler, Mix  
Sex: Spayed Female  
Color: blk/tan  
Markings:  
Birthday: 01/14/2008  
Weight:

Tag Number: 13710  
Lot Number: A600291 / 18047C  
Producer: Pfizer / Merial  
K / MLV: Killed Virus

Vaccination Date: 9/16/2010  
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM  
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

### RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Kirra Specific Breed: Rott-mix  
Color: BLK-TAN Age: 3 y/c Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☐ S ☐ N  
Owner's Name: Hoffmann, Kristin - M - Sean  
(LAST) (FIRST) (MIDDLE)  
Address: 5195 Brentwood Blvd  
Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.  
Signature of Health Officer or Agent

[Signature]  
Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

13710

DATE OF VAC/REGISTRATION

9-16-10

VACCINE MANUFACTURER & LOT NO.

Merial

CLINIC IDENTIFICATION

Chippewa Animal Hlth

TYPE OF VACCINE

☒ YEAR ☒ 3 YR

REGISTRATION FEE:

\$ 5.12

Chippewa Animal Hospital  
3850 Chippewa Street  
St. Louis, MO 63116  
(314) 772-0292

### Rabies Certificate

Client ID: 17147  
Client Name: Kristin/Sean Hoffmann  
Address: [REDACTED]  
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3942  
Patient Name: Rugger  
Species: Canine  
Breed: Rottweiler, Mix  
Sex: Neutered Male  
Color: blk/tan  
Markings:  
Birthday: 01/14/2008  
Weight:

Tag Number: 13709  
Lot Number: A600291 / 18047C  
Producer: Pfizer / Merial  
K / MLV: Killed Virus

Vaccination Date: 9/16/2010  
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM  
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

### RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Rugger Specific Breed: Rott mix  
Color: blk-tan Age: 3yr. Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☒ M ☐ F ☐ S ☒ N  
Owner's Name: Hoffmann, Kristin (LAST) Sean (FIRST) (MIDDLE)  
Address: 3945 Winnebago  
Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.  
Signature of Health Officer or Agent

Kristin L. Hoffmann  
Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

13709

DATE OF VAC/REGISTRATION

9-16-10

VACCINE MANUFACTURER & LOT NO.

Merial

CLINIC IDENTIFICATION

Chippewa Animal Hosp

TYPE OF VACCINE

☒ 1 YEAR ☒ 3 YEAR

REGISTRATION FEE:

\$ 5.00

Chippewa Animal Hospital  
3850 Chippewa Street  
St. Louis, MO 63116  
(314) 772-0292

### Rabies Certificate

Client ID: 17147  
Client Name: Kristin/Sean Hoffmann  
Address: [REDACTED]  
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3944  
Patient Name: Jack  
Species: Canine  
Breed: Pitbull Mix  
Sex: Male  
Color: brown  
Markings:  
Birthday: 01/14/2008  
Weight:

Tag Number: 13711  
Lot Number: A600291 / 18047C  
Producer: Pfizer / Merial  
K / MLV: Killed Virus

Vaccination Date: 9/16/2010  
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM  
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

### RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU  
ARE MAKING FOUR COPIES.

Animal's Name: Jack Specific Breed: Pitbull mix  
Color: Brown Age: 1 yr. Size: ☐ S ☒ M ☐ L ☐ XL Sex: ☐ M ☐ F ☐ S ☒ N  
Owner's Name: Hoffmann, Kristin or Sean  
(LAST) (FIRST) (MIDDLE)  
Address: 3945 W. Maribago  
Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.  
Signature of Health Officer or Agent

[Signature]  
Signature of Owner

|  |  |  |   |   |   |   |   |
|--|--|--|---|---|---|---|---|
| VACCINATION / REGISTRATION NO.   |  |  |   |   |   |   |   |
|  |  |  |   |   |   |   |   |
|  |  |  | 1 | 3 | 7 | 1 | 1 |
| DATE OF VAC/REGISTRATION   |  |  |   |   |   |   |   |
| 9-16-10  |  |  |   |   |   |   |   |
| VACCINE MANUFACTURER & LOT NO.   |  |  |   |   |   |   |   |
| Merial   |  |  |   |   |   |   |   |
| CLINIC IDENTIFICATION  |  |  |   |   |   |   |   |
| Chippewa Animal Hosp.  |  |  |   |   |   |   |   |
| TYPE OF VACCINE  |  |  |   |   |   |   |   |
| <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEAR |  |  |   |   |   |   |   |
| REGISTRATION FEE:  |  |  |   |   |   |   |   |
| \$ 5.22  |  |  |   |   |   |   |   |

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118